



Sector 5

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

SUBMISSION OF SIGNED DECLARATION

APPLICANTS: Abraham-Fuchs et al
SERIAL NO.: 09/742,268 GROUP ART UNIT: 2166
DATE FILED: December 20, 2000
INVENTION: "METHOD AND SYSTEM FOR ALLOWING A
NEUROLOGICALLY DISEASED PATIENT TO
SELF-MONITOR THE PATIENT'S ACTUAL STATE"

BOX MISSING PARTS

Assistant Commissioner for Patents
Washington, D.C. 20231

S I R:

In response to the Notice dated March 2, 2001 (copy attached), applicants herewith submit a signed Declaration for the above application, together with a check for the statutory fee in the amount of \$130.00

Submitted by,

Steven H. Noll (Reg. 28,982)

SCHIFF, HARDIN & WAITE
Patent Department
6600 Sears Tower
Chicago, Illinois 60606
Telephone: (312) 258-5790
Customer Number: 26574
Attorneys for Applicant.

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on April 24, 2001.

Steven H. Noll

STEVEN H. NOLL



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
www.uspto.gov

APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
09/742,268	12/20/2000	Klaus Abraham-Fuchs	P00,1908

CONFIRMATION NO. 7104

FORMALITIES LETTER



OC000000005817500

#3

Schiff Hardin & Waite
Patent Department
6600 Floor Sears Tower
233 South Wacker Drive
Chicago, IL 60606

Date Mailed: 03/02/2001

NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

Filing Date Granted

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given TWO MONTHS from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The oath or declaration is unsigned.
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.
- The balance due by applicant is \$ 130.

A copy of this notice MUST be returned with the reply.

Customer Service Center

Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE

04/27/2001 MGE BREM1 00000025 09742268

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130.00 OP



TELEPHONE (312) 258-5790

SCHIFF HARDIN & WAITE

PATENT DEPARTMENT
6600 SEARS TOWER
233 SOUTH WACKER DRIVE
CHICAGO, ILLINOIS 60606

In re application of: Abraham-Fuchs et al

Serial No.: 09/742,268

Filed: December 20, 2000

GROUP ART UNIT: 2166

For: "METHOD AND SYSTEM FOR ALLOWING A NEUROLOGICALLY DISEASED PATIENT TO SELF-MONITOR THE PATIENT'S ACTUAL STATE"
EXAMINER:
AMENDMENT "A" PRIOR TO ACTION

Assistant Commissioner for Patents
Washington D.C. 20231

SIR:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below.

CLAIMS AS AMENDED							
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEE	
TOTAL CLAIMS	* 28	MINUS	** 28	X ---	() X 9.00 () X 18.00	--	
INDEP. CLAIMS	* 2	MINUS	3	X ---	() X 40.00 () X 80.00	--	
Application amended to contain any multiple dependent claims not previously paid for.				() YES (x) NO	() \$135.00 () \$270.00 ONE TIME		
				TOTAL ADDITIONAL FEE FOR THIS AMENDMENT			\$0.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20 write "20" in this space.

- ☐ Applicants petition the Commissioner of Patents and Trademarks to extend this time for response to the Office Action dated _____ for _____ months so that the period for response is extended to _____. A check in the amount of \$_____ is attached to cover the cost of the extension. Any deficiency or overpayment should be charged or credited to deposit account No. 501519. A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \$_____ is attached.
- ☐ A check for \$_____ accompanying IDS under 37 CFR 1.97(c) is attached.
- ☐ A check for \$_____ and Petition for Consideration of IDS under 37 CFR 1.97(d) is attached.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or to credit any overpayment to account No. 501519. A duplicate of this sheet is enclosed.
- When phoning re this application, please call (312) 258-5781.

SCHIFF HARDIN & WAITE (Customer Number: 26574)

Patent Department

BY Steven H. Noll (Reg. No. 28,982)

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on April 24, 2001.

Steven H. Noll (Reg. No. 28,982)

NAME OF APPLICANT'S ATTORNEY

Steven H. Noll

SIGNATURE

April 24, 2001

DATE

RECEIVED
APR 30 2001
TO 2100 ROOM